



CITY OF TEMPE
2020 SUMMER YOUTH VOLUNTEER PROGRAM
City of Tempe * Volunteer Office * 3500 S. Rural Rd., Suite 201, Tempe, AZ 85282 * 480-350-5190
Please print clearly in ink and fill form out completely

NAME: _____ DATE: _____

ADDRESS: _____ CITY _____ ZIP _____

BIRTHDATE: _____ GENDER: Male / Female T-SHIRT SIZE: _____

SCHOOL YOU ATTEND: _____ GRADE IN FALL: _____

EMAIL: _____ PHONE: _____

PARENT'S EMAIL: _____ PHONE: _____

Have you volunteered with us before? Yes / No

If yes, please list past program(s): _____

Other volunteer or work experience: _____

Special skills or areas of interest: _____

Are there any medical, physical or emotional circumstances that might limit or influence your volunteer service (please be specific and honest): _____

PLEASE INDICATE THE PROGRAM(S) YOU ARE INTERESTED IN

Adapted Rec Camp Challenge		Tempe Public Library – Summer Reading	
Art & Culture Instructors' Assistant		Tempe History Museum - Program Aide	
Escalante Kamp Kool		Volunteer Office - Special Events	
Junior Lifeguard		Volunteer 101 Bootcamp	

How many hours per week would you like to volunteer? _____

PLEASE WRITE IN THE TIMES YOU ARE AVAILABLE TO WORK

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Please list any vacation dates you are planning in June and July 2020:

Please list one of your teachers/program advisors as a reference:

Name: _____ Phone: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY THIS PERSON:

Parent/Guardian Name: _____ Cell Phone: _____

Alternate Contact: _____ Cell Phone: _____

MEDICAL AUTHORIZATION:

I authorize the City of Tempe to obtain emergency transportation and any medical treatment necessary for my son or daughter in the event of injury or illness. I understand and agree to the above terms and agree to allow my son or daughter to participate in the City of Tempe volunteer program.

Parent or Guardian Name Date

Parent or Guardian Signature Date

Volunteer Signature Date

For staff use only:

Assignment: _____ Site: _____ Supervisor: _____

Schedule: _____ Acknowledgement: _____ Computer: _____



CITY OF TEMPE
2020 JUNIOR LIFEGUARD RETURNING VOLUNTEER APPLICATION
*Kiwanis Recreation Center 6111 S. All America Way, Tempe AZ 85283 * (480) 350-5731*

Application due by April 30th, 2020

NAME: _____ DATE: _____

Please order the priority of where you would like to work:

☐

Kiwanis

☐

Escalante

Will you be 12 years old by May 31st, 2020?

YES NO

Will you be 15 years old by May 3rd, 2020?

YES NO

Please list any known vacation dates and/or reoccurring events: (Summer School, sport practice, church)

Please write one paragraph explaining why you want to be a Junior Lifeguard. (You may include any qualifications here)

Return this application to:
Kiwanis Recreation Center: ATTN: Clarissa Knorr
6111 S. All America Way. Tempe, AZ 85283

Or email to Clarissa_Knorr@Tempe.gov